



07-18-01

Receipt

PATENT

TECH CENTER 1600/2900

SEP 25 2001

RECEIVED

Atty. Docket No.: 17633/1230

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Habener et al  
Serial No.: 09/731,261  
Filed: 12/6/00  
Entitled: Stem Cells of the Islets of  
Langerhans and Their Use in  
Treating Diabetes Mellitus

Examiner:

Group Art Unit: 1614

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.10**

I hereby certify that the paper (and any paper or fee referred to as being enclosed) is being deposited with the United States Postal Service using Express Mail to Addressee Service, under 37 C.F.R. Section 1.10, **Express Mail Label** No. EL592001343US on this date, 7/17/01, 2001, postage prepaid, in an envelope addressed to Box: Missing Parts, Commissioner for Patents, Washington, D.C. 20231.

Kathleen M. Williams

Name of Person Mailing Paper

Signature of Person Mailing Paper

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

**TRANSMITTAL LETTER**

Enclosed for filing the above-identified patent application, please find the following documents:

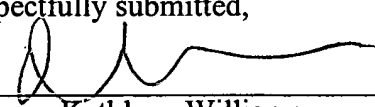
1. Copy of Filing Receipt;
2. Request for Corrected Filing Receipt; and
3. Return postcard.

The Commissioner for Patents is hereby authorized to charge any additional fees or credit any overpayment in the total fees to Deposit Account No. 16-0085, Reference 17633 /1230. A duplicate of this transmittal letter is enclosed for this purpose.

Respectfully submitted,

Date:

7/17/01

  
Name: Kathleen Williams  
Registration No.: 34,380  
Customer No.: 27495  
Palmer & Dodge LLP  
One Beacon Street  
Boston, MA 02108  
Tel: 617-573-0100



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Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

**REQUEST FOR CORRECTED FILING RECEIPT**

Sir:

Applicant requests issuance of a corrected Official Filing Receipt for the above-identified patent application. The filing receipt incorrectly lists the middle initial of inventor Joel Habener as E. The middle initial should be listed as F. The filing receipt also misspells inventor Hendrik Zulewski's name as Hendyk. Please add to Filing Receipt in your proper manner.

A copy of the official Filing Receipt is enclosed with the correction(s) highlighted in red. It is believed that no further fees are due for this application.

Respectfully submitted,

Date:

7/17/01

Name: Kathleen M. Williams

Registration No.: 34,380

Palmer & Dodge LLP

One Beacon Street

Boston, MA 02108

Tel: 617-573-0100



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9060

<b>SERIAL NUMBER</b> 09/731,261	<b>FILING DATE</b> 12/06/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 17633/1230
<b>APPLICANTS</b> Joel F. Habener, Newton Center, MA; Henryk Zulewski, Geneva, SWITZERLAND; Elizabeth J. Abraham, Quincy, MA; Melissa K. Thomas, Boston, MA; Mario Vallejo, Madrid, SPAIN;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/169,082 12/06/1999 AND CLAIMS BENEFIT OF 60/215,109 06/28/2000 AND CLAIMS BENEFIT OF 60/238,880 10/06/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 01/18/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 41
<b>INDEPENDENT CLAIMS</b> 11				
<b>ADDRESS</b> Kathleen M. Williams, Ph.D Palmer & Dodge, LLP One Beacon Street Boston, MA 02108				
<b>TITLE</b> Stem cells of the islets of langerhans and their use in treating diabetes mellitus				
<b>FILING FEE RECEIVED</b> 1073	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	